



# FACILITY FAILURE AND RELEASE REPORT

Form No. R7  
Revised on 12/7/98

## INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas  
402 W. Washington St., Rm. 293  
Indianapolis, IN 46204  
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Internet: <http://www.state.in.us>

PART GENERAL INFORMATION		
Type of report (Check as needed) <input type="checkbox"/> Well failure (Complete PARTS I,II,III and V) <input type="checkbox"/> Release (Complete PARTS I,II,IV and V)		Permit number
Name of operator		Telephone number
Address of operator ( <input type="checkbox"/> Check here if this is a new address )		
City	State	Zip code

PART II LOCATION INFORMATION							
Name of lease						Well number	
Section	Township	Range	¼	¼	¼	Footage's:	ft. from <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE line ft. from <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW line
County		Name of person responsible for maintaining the well					Telephone number

PART III WELL FAILURE INFORMATION				
Type of report (Check as needed) <input type="checkbox"/> Cement <input type="checkbox"/> Casing <input type="checkbox"/> Tubing <input type="checkbox"/> Packer			Estimated fluid loss in barrels	Date of report
Describe the nature of the failure				
Describe the corrective action taken				

PART IV RELEASE INFORMATION			
Source of release (Check as needed) <input type="checkbox"/> Wellhead <input type="checkbox"/> Flowline <input type="checkbox"/> Pump <input type="checkbox"/> Tanks <input type="checkbox"/> Pit		Type of release (Check as needed) <input type="checkbox"/> Oil <input type="checkbox"/> Saltwater	
Estimated release in gallons Oil                      Saltwater	Date release discovered	Date corrective action taken	Date of report
Describe the cause of the release (Attach additional documentation as needed)			
Describe the corrective action taken (Attach additional documentation as needed)			
Has the release entered surface water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Is the release still inside the lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the Division of Oil and Gas inspector notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, attach signed explanatory statement	
Did you report the release to the Department of Environmental Management? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, list the incident number of that report.	

PART V AFFIRMATION	
I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief.	
Signature of operator or authorized agent	Date signed

### SPECIAL REQUIREMENTS

1. This report **must** be submitted to the division within 5 days of a failure or release.
2. Only those individuals whose signatures appear in PARTS V and VI of the Organizational Report may sign this report.